

**KENTUCKY DEPARTMENT OF EDUCATION  
NUTRITION AND HEALTH SERVICES**

**FINANCIAL MANAGEMENT SYSTEM**  
(“D” Packet)

**Special Milk Only Program**

**THE ATTACHED FORMS ARE OPTIONAL**  
**NOT THE INFORMATION**

REPORT AND CLAIM FOR REIMBURSEMENT

SECTION 1	Claim Period Covered (1) Record SFA/Agency Name/Address Below:      Month      Year		Membership Lunch and/or Milk (2)	Average Daily Attendance Lunch and/or Milk (3)	Number of Days Lunch Served (4)	ADP Lunch (5)	Membership Breakfast (6)	Average Daily Attendance Breakfast (7)	Number of Days Breakfast Served (8)	ADP Breakfast (9) Regular      Needy	Number of Days Special Milk Served (10)																																																																	
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			Opening Bank Balance (Reconciled) (11)	Bank Deposits (12)	Income Due (13)	All Expenditures (14)	Unpaid Bills (15)	Computed Cash Position (16)	Closing Bank Balance (Reconciled) (17)																																																																			
			\$ _____	+	\$ _____	+	<div></div>	-	<div></div>	=	<div></div>	\$ _____																																																																
			Misc/Ala Carte Sales (18)	Value of Inventory on Hand (19)	Approved FREE Applications (20)	Approved REDUCED PRICE Application (21)																																																																						
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SECTION 2	NATIONAL SCHOOL LUNCH PROGRAM (NSLP)		SCHOOL BREAKFAST PROGRAM (SBP)			SPECIAL MILK PROGRAM (SMP)			AFTER SCHOOL SNACK PROGRAM																																																																			
	1. REIMBURSEMENT		NEEDY BREAKFAST ONLY						AREA ELIGIBLE SNACKS																																																																			
	<table><thead><tr><th></th><th>Number Served</th><th>Rate</th><th>Reimbursement</th></tr></thead><tbody><tr><td>a. Reduced Price</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td>b. Free</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td>c. Paid</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td>d. Total Served to Students</td><td><div></div></td><td></td><td></td></tr><tr><td># of Schools</td><td><div></div></td><td></td><td></td></tr></tbody></table>			Number Served	Rate	Reimbursement	a. Reduced Price	<div></div>	¢	\$ _____	b. Free	<div></div>	¢	\$ _____	c. Paid	<div></div>	¢	\$ _____	d. Total Served to Students	<div></div>			# of Schools	<div></div>			<table><tbody><tr><td>Reduced</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td>Free</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td>Paid</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td># of Schools</td><td><div></div></td><td></td><td></td></tr></tbody></table>			Reduced	<div></div>	¢	\$ _____	Free	<div></div>	¢	\$ _____	Paid	<div></div>	¢	\$ _____	# of Schools	<div></div>			<table><tbody><tr><td>Free</td><td><div></div></td><td>\$ _____</td></tr><tr><td>Paid</td><td><div></div></td><td>¢ \$ _____</td></tr><tr><td># of Schools</td><td><div></div></td><td></td></tr></tbody></table>			Free	<div></div>	\$ _____	Paid	<div></div>	¢ \$ _____	# of Schools	<div></div>		<table><tbody><tr><td>Reduced</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td>Free</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td>Paid</td><td><div></div></td><td>¢</td><td>\$ _____</td></tr><tr><td># of Schools</td><td><div></div></td><td></td><td></td></tr></tbody></table>			Reduced	<div></div>	¢	\$ _____	Free	<div></div>	¢	\$ _____	Paid	<div></div>	¢	\$ _____	# of Schools	<div></div>		
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2. TOTAL OF COLUMN		\$ _____	TOTAL OF COLUMN			TOTAL OF COLUMN			TOTAL OF COLUMN																																																																			
SECTION 3	LUNCH		BREAKFAST		AFTER SCHOOL SNACK		SPECIAL MILK		MISC/ALA CARTE		TOTAL																																																																	
	1. CASH FROM DAILY SALES																																																																											
	2. FEDERAL REIMBURSEMENT RECEIVED																																																																											
SECTION 4	3. OTHER INCOME																																																																											
	COST OF FOOD USED: a. Purchased																																																																											
	b. USDA Commodity																																																																											
	2. COST OF DIRECT LABOR																																																																											
	3. EQUIPMENT DEPRECIATION																																																																											
	4. OTHER DIRECT COST																																																																											
5. INDIRECT COST																																																																												
6. VALUE OF DONATIONS																																																																												
I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and that payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.							Signature of SFA Representative:		Title:		Date	Telephone Number:																																																																



Special Milk Count Sheet

Facility: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date	BREAKFAST		LUNCH		DINNER		ATTENDANCE	
	No. ½ Pt. per Child	No. ½ pt. Per Adults	No. ½ Pt. per Child	No. ½ pt. Per Adults	No. ½ Pt. per Child	No. ½ pt. Per Adults	Number of Children	Number of Adults
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
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29								
30								
31								
TOTALS								



# DAILY MILK INVENTORY For SPECIAL MILK PROGRAMS

[illegible]

### INSTRUCTIONS FOR DAILY MILK INVENTORY

1. Day Milk was delivered and/or served.
2. Beginning Inventory—Number of  $\frac{1}{2}$  pints of milk on hand.
3. Number of  $\frac{1}{2}$  pints of milk delivered that day.
4. Number of  $\frac{1}{2}$  pints of milk served to all participants from Count Sheet.  
(Camper + Adults)
5. number of  $\frac{1}{2}$  pints of milk used in cooking, discarded due to spoilage or stolen.
6. Ending Inventory—Inventory of  $\frac{1}{2}$  pint milk after delivery and service that day.  $[(2) + (3) - (4) - (5) = (6)]$  This will be the beginning inventory for the next day of service.

TOTALS: Add totals for the month down in columns (2), (3), (4), (5) and (6). Report total number of campers under Section 2 of the D2, Report and Claim for Reimbursement, and the number of adult and misc. milks served under number 18, misc. a la carte milk in Section 1 of the D2, Report and Claim for Reimbursement.